

COMPANION GUIDE
JULY 2004
HEALTH CARE CLAIM: DENTAL
VERSION 4010A1

**HEALTH PLAN SYSTEMS INC (HPS)
ANSI ASC X12N 837 Version 4010A1
HEALTH CARE CLAIM DENTAL**

Health Plan Systems is a pioneer in the development of administrative software for the health care industry and, after ten years of extensive research and development, presents a product portfolio designed to help clients achieve Health Insurance Portability and Accountability Act (HIPAA) compliance with unprecedented benefits of efficiency, flexibility and functionality.

As one of the elite group of companies to have its software certified by **Claredi**, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, Health Plan System's proven software makes HIPAA compliance a simple and easy part of everyday business.

HPS Clearinghouse EDI Enrollment Procedure

The first step in becoming electronic billers is to complete an Electronic Data Interchange (EDI) Enrollment registration. We process your registration and assign an electronic Submitter Number and Login ID to you, which identify you as an electronic claim submitter.

If you have any question you can contact your software vendor or HPS Clearinghouse Support Team. Our support team will be happy to assist you at any business time.

837

ANSI ASC X12N 837 (004010X097A1)

HEALTH PLAN SYSTEMS INC (HPS)
1.732.582.0070
<http://hpsch.2hps.com>

Disclaimer

Purpose of the ANSI ASC X12N 837 Health Care Claim Dental - Companion Guide

This companion guide for the ANSI ASC X12N 837 transactions has been created for use in conjunction with the standard implementation guide. It is not a replacement for the implementation guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the providers who have enrolled with Health Plan Systems.

The guide also includes the testing procedure required by the Health Plan Systems EDI Department. Before sending the Dental Claim, the providers can also test their Dental Claim with HPS Clearinghouse. The submitters are therefore encouraged to often check the website of Health Plan Systems for updates to the companion guides at the following web site:

<http://hpsch.2hps.com>

We will provide an electronic mail access to submitters that are willing to communicate with Health Plan Systems. HPS will provide an email alert whenever there is an update or change of business rules or technical modifications.

Business Requirements

The Health Insurance Portability and Accountability Act (HIPAA) require that HPS Clearinghouse, and all other health insurance payers and clearinghouse in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837 implementation guides have been established as the standards of compliance for claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837 implementation guides. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the HPS Clearinghouse service number **024272739**. The information in this document is subject to change. Changes will be communicated via e-mail and on HPS Clearinghouse web site: <http://hpsch.2hps.com>

This companion document supplements, but does not contradict any requirements in the ANSI ASC X12N 837 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

- HPS will only process one transaction type (records group) per interchange (transmission); a submitter can submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).
- HPS will not support disordered Equivalent subloops currently and any failure may result in rejection of the Dental Claim (e.g., the Equivalent subloops (2010BA, 2010BB, and 2010BC) should be in same order and not to be sent in changed order)
- HPS is required to create a TA1 Interchange Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The TA1 will be available while submitting claims to Clearinghouse. HPS provides a way for retrieving and translating the TA1 acknowledgement in an extensive way which is new in the market. Transactions with errors must be corrected and resubmitted.
- HPS is required to create a 997 Functional Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The 997 will be available within one (1) business day. The 997 will report standard ANSI X12N syntax errors. HPS provides a way for retrieving and translating the 997 acknowledgements. Transactions with errors must be corrected and resubmitted.
- All dates that are submitted on an incoming 837 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejections of the Dental Claim or the applicable interchange (transmission).
- HPS will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission.
- HPS will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receiver's Code) based on the carrier definition.
- Only valid qualifiers for HPS must be submitted on incoming 837 transactions.

- Retrieval of the ANSI ASC X12N 997 functional acknowledgment files can be done on or before the first business day after the claim file is submitted, but not less than one day after the file submission.
- Only loops, segment and data elements valid for the HIPAA Dental Claim Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.
- The incoming 837 transactions must utilize delimiters from the following list:

Data Element separator	:	-	*	(asterisk)
Loop Segment Separator	:	-	~	(tilde)
Component Separator	:	-	:	(colon)

The usage of these characters within the text data elements in the incoming 837 transaction may cause problems with creation of subsequent transactions and hence it is not allowed.

- Currency code (CUR02) must equal 'USA'.

You must submit incoming 837 data using the basic character set as defined in Appendix A of the 837 Implementation Guide. In addition to the basic character set, you may use characters from the extended character set. Using any characters from the extended character set which is not acceptable by payer will be rejected through functional acknowledgment (997)

- HPS recommends posting files with file name below 45 characters and it should be in windows standard file format.
- Date and time must be mentioned in HIPAA standard and Time zone and date must be in United States graphical format.
- HPS requires following standards for identifiers :

Payer ID	-	Should be used as HPS listed (Provided in HPS Participated Payer List)
Zip code	-	Should be either 5 or 9 digit numeric value (Special characters not allowed)
SSN, EIN, Federal Tax ID	-	Should be 9 digit numeric value (Special characters not allowed)
Phone, Fax	-	Should be 10 digit alphanumeric (Special characters not allowed)
Extension	-	Should be 1 to 6 alphanumeric (Special characters not allowed)

837 Health Care Claim: Dental – Data Clarification

Level: HEADER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Header	ISA		M	ID	3 / 3	R-1	Interchange Control Header	
Header	ISA01	I01	M	ID	2/2	R	Authorization Information Qualifier	Must contain '00'
Header	ISA02	I02	M	AN	10/10	R	Authorization Information	Must contain 10 spaces
Header	ISA03	I03	M	ID	2/2	R	Security Information Qualifier	Must contain '00'
Header	ISA04	I04	M	AN	10/10	R	Security Information	Must contain 10 spaces
Header	ISA05	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain 'ZZ'
Header	ISA06	I06	M	AN	15/15	R	Interchange Sender ID	Must contain ID assigned by HPS
Header	ISA07	I05	M	ID	2/2	R	Interchange ID Qualifier	Must contain 'ZZ'
Header	ISA08	I07	M	AN	15/15	R	Interchange Receiver ID	Must contain '024272739' plus six trailing spaces.
Header	ISA09	I08	M	DT	6/6	R	Interchange Date	YYMMDD
Header	ISA10	I09	M	TM	4/4	R	Interchange Time	HHMM
Header	ISA11	I10	M	ID	1/1	R	Interchange Control Standards Identifier	U (U.S. EDI Community of ASC X12N, TDCC,

								and UCS)
Header	ISA12	I11	M	ID	5/5	R	Interchange Control Version Number	00401
Header	ISA13	I12	M	NO	9/9	R	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the Associated Interchange Trailer IEA02.
Header	ISA14	I13	M	ID	1/1	R	Acknowledgment Requested	Must contain '1'
Header	ISA15	I14	M	ID	1/1	R	Usage Indicator	Must contain 'P' or 'T'
Header	ISA16	I15	M		1/1	R	Component Sub element Separator	Must contain ':'
Header	GS		M	ID	2 / 2	R- 1	Functional Group Header	
Header	GS01	479	M	ID	2/2	R	Functional Identifier code	HC-Health Care Claim (837)
Header	GS02	142	M	AN	2/15	R	Application Sender's Code	Must contain ID assigned by HPS
Header	GS03	124	M	AN	2/15	R	Receiver ID	Must contain '024272739'
Header	GS04	373	M	DT	8/8	R	Creation Date	CCYYMMDD
Header	GS05	337	M	TM	4/8	R	Creation Time	The recommended format is HHMM
Header	GS06	028	M	NO	1/9	R	Group Control Number	Must begin with 1 and increment by 1 for each subsequent GS with in a file. Reset back to 1 for new file.

Header	GS07	455	M	ID	1/2	R	Responsible Agency Code	X- Accredited Standards Committee X12N(Code used in conjunction with Data Element 480 to identify the issuer of the Standard)
Header	GS08	480	M	AN	1/12	R	Version / Release Industry ID Code	004010X097 A1
HEADER	ST-SE ENVELOPE IS LIMITED TO A MAXIMUM OF 5000 CLM SEGMENTS							
Header	ST		M	ID	2 / 2	R	Transaction Set Header	
Header	ST01	143	M	AN	3/3	R	Transaction Set Identifier Code	837 (Health Care Claim)
Header	ST02	329	M	ID	4/9	R	Transaction Set Control Number	Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA- IEA), but can repeat in other groups and interchanges .
Header	BHT		M	ID	3 / 3	R-1	Beginning of	

							Hierarchical Transaction	
Header	BHT01	1005	M	ID	4/4	R	Hierarchical Structure Code	0019 (Information Source, Subscriber, Dependent)
Header	BHT02	353	M	ID	2/2	R	Transaction Set Purpose Code	00 Original, 18 Reissue
Header	BHT03	127	O	AN	1/30	R	Originator Application Transaction Identifier	
Header	BHT04	373	O	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(CCYMM DD).
Header	BHT05	337	O	TM	4/8	R	Submission Time	Time of day that the Submitter created the file(HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD,).
Header	BHT06	640	O	ID	2/2	R	Claim / Encounter Identifier	Submitter must be approved by payer to send encounter data. Payer list will show those that can accept encounters
Header	REF		O	ID	3/3	R-1	Transmission Type Identifier	
Header	REF01	128	M	ID	2/3	R	Reference Qualifier	87 (Functional Category)

Header	REF02	127	X	AN	1/30	R	Transmission Type Code	Use this reference number as qualified by the preceding data element (REF01).
--------	-------	-----	---	----	------	---	------------------------	---

LOOP 1000 - SUBMITTER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
1000A	LOOP 1000 A					R-1	SUBMITTER INFORMATION	
1000A	NM1		O	ID	3 / 3	R-1	Submitter Name Information	
1000A	NM101	98	M	ID	2/3	R	Entity Identifier Code	41 (Submitter)
1000A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person), 2(Non-Person Entity).
1000A	NM103	1035	O	AN	1/35	R	Submitter Last/Org Name	
1000A	NM104	1036	O	AN	1/25	S	Submitter First Name	Required if NM102=1 (person).
1000A	NM105	1037	O	AN	1/25	S	Submitter Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
1000A	NM106-107					N/U		
1000A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification)

								n Number (ETIN)1815 Established by a trading partner agreement)
1000A	NM109	67	X	AN	2/80	R	Submitter Identifier	Must contain the ID assigned by HPS
1000A	PER		O	ID	3/3	R-2	Submitter Contact Information	
1000A	PER01	366	M	ID	2/2	R	Contact Function Code	IC (Information Contact)
1000A	PER02	93	O	AN	1/60	R	Submitter Contact Name	
1000A	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER08	364	X	AN	1/80	S	Communication Number	Use this reference

								number as qualified by the preceding data element
--	--	--	--	--	--	--	--	---

LOOP 1000B - RECEIVER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
1000B	LOOP 1000 B					R-1	RECEIVER NAME	
1000B	NM1		O	ID	3/3	R-1	Individual or Organization Name	
1000B	NM101	98	M	ID	2/3	R	Entity Identifier Code	40 (Receiver)
1000B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
1000B	NM103	1035	O	AN	1/35	R	Receiver Last/Org Name	Must contain 'HEALTH PLAN SYSTEMS'
1000B	NM104-107					N/U		
1000B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number (ETIN))
1000B	NM109	67	X	AN	2/80	R	Receiver Primary Identifier	Must contain '024272739'

Level: DETAIL, BILLING/PAY – TO PROVIDER HIERARCHICAL LEVEL

LOOP 2000A

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000A	LOOP 2000 A		(Max 5000)			R- > 1	BILLING /PAY- TO PROVIDER INFORMATION	
2000A	HL		M	ID	2/2	R- > 1	Hierarchical Level	

2000A	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000A	HL02		O	AN		N/U		
2000A	HL03	735	M	ID	1/2	R	Hierarchical Level Code	20 (Information Source)
2000A	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation guide for code list
2000A	PRV		M	ID	3/3	S-1	Billing/Pay-To Provider	This is a Required Segment at this time.
2000A	PRV01	1221	M	ID	1/3	R	Provider Code	BI (Billing), PT (Pay-To)
2000A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2000A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2000A	CUR		M	ID	3/3	S-1	Foreign Currency Code	
2000A	CUR01	98	M	ID	2/3	R	Entity Identifier Code	
2000A	CUR02	100	M	ID	3/3	R	Currency Code	must equal 'USA'

Loop 2010AA - BILLING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	LOOP 2010 AA					R-1	BILLING PROVIDER NAME	
2010AA	NM1		O	ID	3/3	R-1	Billing Provider Individual or Organization Name	
2010AA	NM101	98	M	ID	2/3	R	Entity Identifier Code	85 (Billing Provider)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2010AA	NM103	1035	O	AN	1/35	R	Billing Provider Last/Org Name	
2010AA	NM104	1036	O	AN	1/25	S	Billing Provider First Name	Use this name only if NM102 is "1".
2010AA	NM105	1037	O	AN	1/25	S	Billing Provider Middle Name	Use this name only if NM102 is "1".
2010AA	NM106					N/U		
2010AA	NM107	1039	O	AN	1/10	S	Billing Provider Name Suffix	
2010AA	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010AA	NM109	67	X	AN	2/80	R	Billing Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010AA	N3		O	ID	2 / 2	R-1	Billing Provider Address	
2010AA	N301	166	M	AN	1/55	R	Billing Provider Address 1	
2010AA	N302	166	O	AN	1/55	S	Billing Provider Address 2	
2010AA	N4		O	ID	2 / 2	R-1	Billing Provider City State and Zip	
2010AA	N401	19	O	AN	2/30	R	Billing Provider City Name	
2010AA	N402	156	O	ID	2/2	R	Billing Provider State / Province Code	
2010AA	N403	116	O	ID	3/15	R	Billing Provider Zip Code	Sized to 9 Bytes
2010AA	N404	26	O	ID	2/3	S	Billing Provider Country Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	REF		O	ID	3 / 3	S-5	Billing Provider Secondary Identification Numbers	
2010AA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	REF02	127	X	AN	1/30	R	Billing Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010AA	REF		O	ID	3 / 3	S-8	Billing Provider Credit / Debit Card Billing Information	Credit card information should not be sent

Loop 2010AB - PAY-TO PROVIDER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AB	LOOP 2010 AB					S-1	PAY-TO PROVIDER INFORMATION	
2010AB	NM1		O	ID	3 / 3	S-1	Pay-To Provider Name Information	
2010AB	NM101	98	M	ID	2/3	R	Entity Identifier Code	87 (Pay-to Provider)
2010AB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2010AB	NM103	1035	O	AN	1/35	R	Pay-To Provider Last/Org Name	
2010AB	NM104	1036	O	AN	1/25	S	Pay-To Provider First Name	Use this name only if NM102 is "1".
2010AB	NM105	1037	O	AN	1/25	S	Pay-To Provider Middle Name	Use this name only if NM102

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								is "1".
2010AB	NM106					N/U		
2010AB	NM107	1039	O	AN	1/10	S	Pay-To Provider Name Suffix	Use this only if NM102 is "1".
2010AB	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010AB	NM109	67	X	AN	2/80	R	Pay-To Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010AB	N3		O	ID	2 / 2	R-1	Pay-To Provider Address	
2010AB	N301	166	M	AN	1/55	R	Pay-To Provider Address 1	
2010AB	N302	166	O	AN	1/55	S	Pay-To Provider Address 2	
2010AB	N4		O	ID	2 / 2	R-1	Pay-To Provider City / State / Zip Code	
2010AB	N401	19	O	AN	2/30	R	Pay- To Provider City Name	
2010AB	N402	156	O	ID	2/2	R	Pay-To Provider State/Prov. Code	
2010AB	N403	116	O	ID	3/15	R	Pay-To Provider Zip Code	
2010AB	N404	26	O	ID	2/3	S	Pay-To Provider Country Code	
2010AB	REF		O	ID	3 / 3	S-5	Pay-To Provider Secondary Reference Numbers	
2010AB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AB	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

Level: DETAIL, SUBSCRIBER HIERARCHICAL LEVEL
Loop : 2000B

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	LOOP 2000 B					R- > 1	SUBSCRIBER HIERARCHICAL LEVEL	
2000B	HL		M	ID	2 / 2	R- > 1	Hierarchical Level	
2000B	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must increment +1 from previous HL Segment
2000B	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A
2000B	HL03	735	M	ID	1/2	R	Hierarchical Level Code	22 (Subscriber)
2000B	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation guide for code list
2000B	SBR		O	ID	3 / 3	R- 1	Subscriber Information	
2000B	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2000B	SBR02	1069	O	ID	2/2	S	Relationship Code	
2000B	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	
2000B	SBR04	93	O	AN	1/60	S	Group or Plan Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	SBR05					N/U		
2000B	SBR06	1143	O	ID	1/1	R	Coordination of Benefits Code	1(Coordination of Benefits), 6 (No Coordination of Benefits)
2000B	SBR07-08					N/U		
2000B	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	Verify Hipaa implementation guide for code list

LOOP 2010BA - SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	LOOP 2010 BA					R-1	SUBSCRIBER INFORMATION	
2010BA	NM1		O	ID	3 / 3	R-1	Subscriber Name Information	
2010BA	NM101	98	M	ID	2/3	R	Entity Identifier Code	IL (Insured or Subscriber)
2010BA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1' is the only acceptable value. '2' is only applicable to Property Casualty and Worker's Compensation.
2010BA	NM103	1035	O	AN	1/35	R	Subscriber Last Name	
2010BA	NM104	1036	O	AN	1/25	S	Subscriber First Name	Required if NM102=1 (person).
2010BA	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	Required if NM102=1 and the middle name/initial of the person is known.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	NM106					N/U		
2010BA	NM107	1039	O	AN	1/10	S	Name Suffix	Required if NM102=1
2010BA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Required if NM102 = 1 (person)
2010BA	NM109	67	X	AN	2/80	S	Subscriber Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010BA	N3		O	ID	2 / 2	S-1	Subscriber Address	This is a situational Required segment. If patient is the subscriber this is required.
2010BA	N301	166	M	AN	1/55	R	Subscriber Address1	
2010BA	N302	166	O	AN	1/55	S	Subscriber Address2	
2010BA	N4		O	ID	2 / 2	S-1	Subscriber City / State / Zip Code	This is a Situationally Required segment. If patient is the subscriber this is required.
2010BA	N401	19	O	AN	2/30	R	Subscriber City Name	
2010BA	N402	156	O	ID	2/2	R	Subscriber State / Prov Code	
2010BA	N403	116	O	ID	3/15	R	Subscriber Zip Code	
2010BA	N404	26	O	ID	2/3	S	Subscriber Country Code	
2010BA	DMG		O	ID	3 / 3	S-1	Subscriber Demographic Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2010BA	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2010BA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list
2010BA	REF		O	ID	3 / 3	S-4	Subscriber Secondary Identification	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BA	REF02	127	X	AN	1/30	R	Subscriber Secondary ID	Use this reference number as qualified by the preceding data element (REF01).
2010BA	REF		O	ID	3 / 3	S-1	Property and Casualty Claim Number	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BA	REF02	127	X	AN	1/30	R	Property Casualty Claim Number	Use this reference number as qualified by the preceding data element (REF01).

Loop 2010BB - PAYER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
------	---------	--------------	-----------	--------------------	-----------	-------	-------------	-----

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BB	LOOP 2010 BB				R-1	PAYER INFORMATION		
2010BB	NM1		O	ID	3 / 3	R-1	Payer Name Information	
2010BB	NM101	98	M	ID	2 / 3	R	Entity Identifier Code	PR(Payer)
2010BB	NM102	1065	M	ID	1 / 1	R	Entity Type Qualifier	2 (Non-Person Entity)
2010BB	NM103	1035	O	AN	1 / 35	R	Payer Last/Org Name	
2010BB	NM104-107					N/U		
2010BB	NM108	66	X	ID	1 / 2	R	Primary Payer ID Qualifier	PI(Payer Identification), XV (Health Care Financing Administration National PlanID)
2010BB	NM109	67	X	AN	2 / 80	R	Payer Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010BB	N3		O	ID	2 / 2	S-1	Payer Address Information	
2010BB	N301	166	M	AN	1 / 55	R	Payer Address 1	
2010BB	N302	166	O	AN	1 / 55	S	Payer Address 2	
2010BB	N4		O	ID	2 / 2	S-1	Payer City / State / Zip	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BB	N401	19	O	AN	2/30	R	Payer City Name	
2010BB	N402	156	O	ID	2/2	R	Payer State/Prov Code	
2010BB	N403	116	O	ID	3/15	R	Payer Zip Code	Sized to 9 bytes.
2010BB	N404	26	O	ID	2/3	S	Payer Country Code	
2010BB	REF		O	ID	3/3	S-3	Payer Secondary Reference Numbers	This is a required segment at this time.
2010BB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BB	REF02	127	X	AN	1/30	R	Payer Additional Identifier	Use this reference number as qualified by the preceding data element (REF01).

Loop 2010BC - CREDIT/DEBIT CARD HOLDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BC	LOOP 2010 BC				S-1	CREDIT/DEBIT CARD HOLDER NAME	Credit card information should not be sent	

Level : PATIENT HIERARCHICAL LEVEL
LOOP ID - 2000C

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000C	LOOP 2000 C					S->1	PATIENT HIERARCHICAL INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2000C	HL		M	ID	2 / 2	S->1	Hierarchical Level	
2000C	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must increment +1 from previous HL Segment
2000C	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	Must = HL01 from Loop 2000C
2000C	HL03	735	M	ID	1/2	R	Hierarchical Level Code	
2000C	HL04	736	O	ID	1/1	R	Hierarchical Child Code	
2000C	PAT		O	ID	3 / 3	R-1	Patient Information	
2000C	PAT01	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2000C	PAT02-PAT03					N/U		
2000C	PAT04	1220	O	ID	1/1	S	Student Status Code	
2000C	PAT05-PAT09					N/U		

LOOP ID - 2010CA PATIENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	LOOP 2010 CA				R-1	PATIENT INFORMATION		
2010CA	NM1		O	ID	3 / 3	R-1	Patient Name Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)
2010CA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2010CA	NM103	1035	O	AN	1/35	R	Patient Last Name	
2010CA	NM104	1036	O	AN	1/25	R	Patient First Name	Required if NM102=1 (person).
2010CA	NM105	1037	O	AN	1/25	S	Patient Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010CA	NM106					N/U		
2010CA	NM107	1039	O	AN	1/10	S	Patient Name Suffix	
2010CA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	MI (Member Identification Number), ZZ (Mutually Defined)
2010CA	NM109	67	X	AN	2/80	S	Patient Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010CA	N3		O	ID	2 / 2	R-1	Patient Address	
2010CA	N301	166	M	AN	1/55	R	Patient Address 1	
2010CA	N302	166	O	AN	1/55	S	Patient Address 2	
2010CA	N4		O	ID	2 / 2	R-1	Patient City / State / Zip Code	
2010CA	N401	19	O	AN	2/30	R	Patient City Name	
2010CA	N402	156	O	ID	2/2	R	Patient State/Prov Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	N403	116	O	ID	3/15	R	Patient Zip Code	Sized to 9 bytes.
2010CA	N404	26	O	ID	2/3	S	Patient Country Code	This information may not be supported by all
2010CA	DMG		O	ID	3 / 3	R-1	Patient Demographic Information	
2010CA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2010CA	DMG02	1251	X	AN	1/35	R	Patient Birth Date	
2010CA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list
2010CA	REF		O	ID	3 / 3	S-5	Patient Secondary Identification	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010CA	REF02	127	X	AN	1/30	R	Patient Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010CA	REF		O	ID	3 / 3	S-1	Property and Casualty Claim Number	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Y4(Agency Claim Number)
2010CA	REF02	127	X	AN	1/30	R	Property Casualty Claim Number	Verify Hipaa implementation guide for code list

LOOP ID - 2300 CLAIM INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	LOOP 2300					R-100	CLAIM INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2300	CLM		O	ID	3/3	R-1	Health Claim	
2300	CLM01	1028	M	AN	1/38	R	Patient Account Number	
2300	CLM02	782	O	R	1/18	R	Total Submitted Charges	Sized to 8 bytes. \$999,999.99
2300	CLM03 - CLM04				N/U			
2300	CLM05	C023	O			R	Place Of Service Code	
2300	CLM05-1	1331	M	AN	1/2	R	Facility Type Code	
2300	CLM05-2	1332				N/U		
2300	CLM05-3	1325	O	ID	1/1	R	Claim Submission Reason Code	
2300	CLM06	1073	O	ID	1/1	R	Provider or Supplier Signature Indicator	Verify Hipaa implementation guide for code list
2300	CLM07	1359	O	ID	1/1	R	Medicare Assignment Code	Verify Hipaa implementation guide for code list
2300	CLM08	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	Verify Hipaa implementation guide for code list
2300	CLM09	1363	O	ID	1/1	R	Release of Information Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CLM10					N/U		
2300	CLM11	C024	O			S	Accident /Employment /Related Causes	
2300	CLM11-1	1362	M	ID	2/3	R	Related-Causes Code	
2300	CLM11-2	1362	O	ID	2/3	S	Related-Causes Code	
2300	CLM11-3	1362	O	ID	2/3	S	Related-Causes Code	
2300 O ID 2/2	CLM11-4	156	O	ID	2/2	S	Auto Accident State/Prov Code	
2300	CLM11-5	26	O	ID	2/3	S	Country Code	
2300	CLM12	1366	O	ID	2/3	S	Special Program Code	Verify Hipaa implementation guide for code list
2300	CLM13-18					N/U		
2300	CLM19	1383	O	ID	2/2	S	Predetermination of Benefits Code	PB (Predetermination of Dental Benefits)
2300	CLM20	1514	O	ID	1/2	S	Delay Reason Code	
2300	DTP		O	ID	3/3	S-1	Date - Admission	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Admission Date	
2300	DTP		O	ID	3/3	S-1	Date - Discharge	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Related Hospital Discharge Date	
2300	DTP		O	ID	3/3	S-1	Date - Referral Date	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	DTP Dates	
2300	DTP		O	ID	3/3	S-1	Date - Accident	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Accident Date and Hour	
2300	DTP		O	ID	3/3	S-5	Date-Applicant Placement	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	452 (Appliance Placement)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2300	DTP03	1251	M	AN	1/35	R	Orthodontic Banding Date	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	DTP		O	ID	3/3	S-1	Date-Service	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	472(Service)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	DTP03	1251	M	AN	1/35	R	Service Date	
2300	DN1		O		3/3	S-1	Orthodontic Total Months Of Treatment	DN101, DN102 or DN103 must be present if reporting this segment.
2300	DN101	380	O	R	1/15	S	Orthodontic Treatment Months Count	
2300	DN102	380	O	R	1/15	S	Orthodontic Treatment Months Remaining Count	
2300	DN103	1073	O	ID	1/1	S	Question Response	
2300	DN2		O		3/3	S-35	Tooth Status	
2300	DN201	127	M	AN	1/30	R	Tooth Number	
2300	DN202	1368	M	ID	1/2	R	Tooth Status Code	E(To Be Extracted), I (Impacted), M (Missing)
2300	PWK		O	ID	3/3	S-10	Claim Supplemental Information	Only some receivers will be passed this information.
2300	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2300	PWK02	756	O	ID	1/2	R	Report Transmission Code	Verify Hipaa implementation guide for code

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								list
2300	PWK03-04					N/U		
2300	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	AC (Attachment Control Number)
2300	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2300	AMT		O	ID	3/3	S-1	Patient Amount Paid	
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	F5(Patient Amount Paid)
2300	AMT02	782	M	R	1/18	R	Patient Amount Paid	Sized to 8 bytes. \$999,999.99
2300	AMT		O	ID	3/3	S-1	Credit / Debit Card Maximum Amount	Credit card information should not be sent
2300	REF		O	ID	3/3	S-5	Predetermination Identification	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	G3(Predetermination of Benefits Identification Number)
2300	REF02	127	X	AN	1/30	R	Predetermination of Benefits Identifier	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3/3	S-1	Service Authorization Exception Code	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	4N (Special Payment Reference Number)
2300	REF02	127	X	AN	1/30	R	Service Authorization	Use this reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Exception Code	number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3/3	S-1	Original Reference Number (ICN/DCN)	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	F8 (Original Reference Number)
2300	REF02	127	X	AN	1/30	R	Claim Original Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3/3	S-2	Prior Authorization or Referral Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F(Referral Number), G1(Prior Authorization Number)
2300	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3/3	S-1	Claim Id Number for Clearinghouses and other Transmission Intermediaries	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	D9 (Claim Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	REF02	127	X	AN	1/30	R	Clearing House Trace Number	Use this reference number as qualified by the preceding data element (REF01).
2300	NTE		O	ID	3/3	S-20	Claim Note	
2300	NTE01	363	O	ID	3/3	R	Note Reference Code	ADD (Additional Information)
2300	NTE02	352	M	AN	1/80	R	Claim Note Text	

LOOP ID - 2310A REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	LOOP 2310 A				S-1	REFERRING PCP / PROVIDER		
2310A	NM1		O	ID	3/3	S-1	Referring Provider Name Information	
2310A	NM101	98	M	ID	2/3	R	Entity Identifier Code	DN(Referring Provider Use on first iteration of this loop. Use if loop is used only once.) P3 (Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310A	NM103	1035	O	AN	1/35	R	Referring Provider Last Name	
2310A	NM104	1036	O	AN	1/25	S	Referring Provider First Name	Required if NM102=1 (person).
2310A	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2310A	NM106					N/U		
2310A	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	Required if NM102=1 (person).
2310A	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310A	NM109	67	X	AN	2/80	S	Referring Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2310A	PRV		O	ID	3/3	S-1	Referring Provider Specialty Information	
2310A	PRV01	1221	M	ID	1/3	R	Provider Code	RF (Referring)
2310A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2310A	PRV03	127	M	AN	1/30	R	Provider Taxonomy	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	
2310A	REF		O	ID	3/3	S-5	Referring Provider Secondary Identification Numbers	
2310A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310A	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2310B RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310B	LOOP 2310 B					S-1	RENDERING PROVIDER INFORMATION	
2310B	NM1		O	ID	3/3	S-1	Rendering Provider Name Information	
2310B	NM101	98	M	ID	2/3	R	Entity Identifier Code	82 (Rendering Provider)
2310B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310B	NM103	1035	O	AN	1/35	R	Last Name or Organization Name	
2310B	NM104	1036	O	AN	1/25	S	Rendering Provider First Name	Required if NM102=1 (person).

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310B	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2310B	NM106					N/U		
2310B	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	Required if NM102=1 (person).
2310B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310B	NM109	67	X	AN	2/80	R	Rendering Provider ID	Use this reference number as qualified by the preceding data element (NM108)
2310B	PRV		O	ID	3/3	S-1	Rendering Provider Specialty Information	
2310B	PRV01	1221	M	ID	1/3	R	Provider Code	PE(Performing)
2310B	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2310B	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2310B	REF		O	ID	3/3	S-5	Rendering Provider Secondary Identification Numbers	
2310B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310B	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								element (REF01).

LOOP ID – 2310C SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310C	LOOP 2310 C				S-1	SERVICE FACILITY INFORMATION		
2310C	NM1		O	ID	3 / 3	S-1	Service Facility Name Information	
2310C	NM101	98	M	ID	2/3	R	Entity Identifier Code	FA (Facility)
2310C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2310C	NM103	1035	O	AN	1/3 5	S	Laboratory or Facility Name	
2310C	NM104-07					N/U		
2310C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	
2310C	NM109	67	X	AN	2/8 0	R	Service Facility Provider Identifier	
2310C	REF		O			S-5	Service Facility Location Secondary Identification Numbers	
2310C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310C	REF02	127	X	AN	1/3 0	R	Laboratory or Facility Secondary Identifier	Use this reference number as

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								qualified by the preceding data element (REF01).

LOOP ID - 2310D ASSISTANT SURGEON NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310D						S-1	Assistant Surgeon Name	
2310D	NM1		O	ID	3/3	S-1	Individual or Organizational Name	
2310D	NM101	98	M	ID	2/3	R	Entity Identifier Code	DD(Assistant Surgeon)
2310D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310D	NM103	1035	O	AN	1/35	S	Assistant Last or Organization Name	1 (Person), 2 (Non-Person Entity)
2310D	NM104	1036	O	AN	1/25	S	Assistant Surgeon First Name	
2310D	NM105	1037	O	AN	1/25	S	Assistant Surgeon Middle Name	Required if NM102=1 (person).
2310D	NM106					N/U		Required if NM102=1 and the middle name/initial of the person is known.
2310D	NM107	1039	O	AN	1/10	S	Assistant Surgeon Name Suffix	

2310D	NM108	66	X	ID	½	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310D	NM109	67	X	AN	2/80	R	Service Facility Provider Identifier	Use this reference number as qualified by the preceding data element (REF01).
2310D	PRV		O	ID	3/3	S-1	Assistant Surgeon Specialty Information	
2310D	PRV01	1221	M	ID	1/3	R	Provider Code	AS(Assistant Surgeon)
2310D	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ(Mutually Defined)
2310D	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2310D	REF		O			S-1	Assistance Surgeon Secondary Identification	
2310D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310D	REF02	127	X	AN	1/30	R	Assistant Surgeon Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	LOOP 2320					S-10	OTHER SUBSCRIBER INFORMATION	
2320	SBR		O	ID	3/3	S-5	Subscriber Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2320	SBR02	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2320	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	
2320	SBR04	93	O	AN	1/60	S	Group or Plan Name	
2320	SBR05-08					N/U		
2320	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	Verify Hipaa implementation guide for code list
2320	CAS		O	ID	3/3	S-5	Claim Level Adjustments	Some values may not be supported by all receivers.
2320	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation guide for code list
2320	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS03	782	M	R	1/18	R	Adjustment Amount	Sized to 8 bytes.
2320	CAS04	380	O	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS06	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS07	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								list
2320	CAS09	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS10	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS12	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS13	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS15	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS16	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS18	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS19	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Payer Paid Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	D (Payor Amount Paid)
2320	AMT02	782	M	R	1/18	R	Payer Paid Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Approved Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	AAE (Approved Amount)
2320	AMT02	782	M	R	1/18	R	Approved Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Allowed Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	B6(Allowed – Actual)
2320	AMT02	782	M	R	1/18	R	Allowed Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Patient Responsibility Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	F2 (Patient Responsibility – Actual)
2320	AMT02	782	M	R	1/18	R	Patient Responsibility Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Covered Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	AU (Coverage Amount)
2320	AMT02	782	M	R	1/18	R	Covered Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Discount Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	D8(Discount Amount)
2320	AMT02	782	M	R	1/18	R	Discount Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Patient Paid Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	F5(Patient Amount Paid)
2320	AMT02	782	M	R	1/18	R	Patient Paid Amount	
2320	DMG		O	ID	3 / 3	S-1	Subscriber Demographic Information	
2320	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2320	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2320	DMG03	1068	O	ID	1/1	R	Other Insured Gender Code	Verify Hipaa implementation guide for code list
2320	OI		O	ID	2 / 2	R-1	Other Insurance Coverage Information	
2320	OI01-02					N/U		
2320	OI03	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	Verify Hipaa implementation guide for code list
2320	OI04-OI05					N/U		
2320	OI06	1363	O	ID	1/1	R	Release of Information Code	Verify Hipaa implementation guide for code list

LOOP ID - 2330A OTHER SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	LOOP 2330 A					R-1	OTHER SUBSCRIBER NAME	
2330A	NM1		O	ID	3 / 3	R-1	Individual or Organizati	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							on Name	
2330A	NM101	98	M	ID	2/3	R	Entity Identifier Code	IL (Insured or Subscriber)
2330A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330A	NM103	1035	O	AN	1/35	R	Other Insured's Last Name	
2330A	NM104	1036	O	AN	1/25	R	Other Insured's First Name	Required if NM102=1 (person).
2330A	NM105	1037	O	AN	1/25	S	Other Insured's Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2330A	NM106					N/U		
2330A	NM107	1039	O	AN	1/10	S	Name Suffix	Required if NM102=1 (person).
2330A	NM108	66	X	ID	1/2	R	Identification Number Qualifier	Verify Hipaa implementation guide for code list
2330A	NM109	67	X	AN	2/80	R	Other Insured Identifier	Use this reference number as qualified by the preceding data element (NM108)
2330A	N3		O	ID	2/2	S-1	Other Subscriber Address	
2330A	N301	166	M	AN	1/55	R	Other Insured Address Line 1	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	N302	166	O	AN	1/55	S	Other Insured Address Line 2	
2330A	N4		O	ID	2 / 2	S-1	Other Subscriber City / State / Zip Code	
2330A	N401	19	O	AN	2/30	R	Other Insured City Name	
2330A	N402	156	O	ID	2/2	R	Other Insured State Code	
2330A	N403	116	O	ID	3/15	R	Other Insured Zip Code	Sized to 9 bytes.
2330A	N404	26	O	ID	2/3	S	Subscriber Country Code	
2330A	REF		O	ID	3 / 3	S-3	Other Subscriber Secondary Information	
2330A	REF01	128	M	ID	2/3	R	Reference Id Qualifier	Verify Hipaa implementation guide for code list
2330A	REF02	127	X	AN	1/30	R	Other Insured Additional Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330B OTHER PAYER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	LOOP 2330 B					R-1	OTHER PAYER NAME	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	NM1		O	ID	3 / 3	R-10	Other Payer Name	
2330B	NM101	98	M	ID	2/3	R	Entity Identifier Code	PR(Payer)
2330B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2330B	NM103	1035	O	AN	1/35	R	Other Payer Last/Org Name	
2330B	NM104-07					N/U		
2330B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	PI (Payer Identification) XV (Health Care Financing Administration National PlanID)
2330B	NM109	67	X	AN	2/80	R	Other Payer Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2330B	PER		O	ID	3 / 3	S-2	Other Payer Contact Information	
2330B	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
2330B	PER02	93	O	AN	1/60	R	Other Payer Contact Name	
2330B	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2330B	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2330B	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2330B	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2330B	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2330B	DTP		O	ID	3 / 3	S-1	Claim Paid Date	
2330B	DTP01	374	M	ID	3/3	R	DTP Qualifier	573(Date Claim Paid)
2330B	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2330B	DTP03	1251	M	AN	1/35	R	Date Claim Paid	
2330B	REF		O	ID	3 / 3	S-3	Other Payer Secondary Identifier	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	FY (Claim Office Number) is the only data that will be passed.
2330B	REF02	127	X	AN	1/30	R	Other Payer Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2330B	REF		O	ID	3 / 3	S-2	Other Payer Prior Authorization	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							or Referral Number	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F (Referral Number) , G1 (Prior Authorization Number)
2330B	REF02	127	X	AN	1/30	R	Other Payer Prior Authorization or Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2330B	REF		O	ID	3 / 3	S- 2	Other Payer Claim Adjustment Indicator	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	T4(Signal Code)
2330B	REF02	127	X	AN	1/30	R	Other Payer Claim Adjustment Indicator	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330C	LOOP 2330 C					S- 1	OTHER PAYER PATIENT INFORMATION	
2330C	NM1		O	ID	3 / 3	S- 10	Individual or Organization Name	
2330C	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)

2330C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2330C	NM103-07					N/U		
2330C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	MI(Member Identification Number)
2330C	NM109	67	X	AN	2/80	R	Other Payer Patient Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2330C	REF		O	ID	3/3	S-3	Other Payer Patient Identification	
2330C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330C	REF02	127	X	AN	1/30	R	Other Payer Patient Identification	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330D	LOOP 2330D					S-1	OTHER PAYER REFERRING / PC P PROVIDER INFORMATION	This information may not be supported by all receivers

2330 D	NM1		O	ID	3/3	S-1	Other Payer Referring Provider Name Information	
2330D	NM101	98	M	ID	2/3	R	Entity Identifier Code	DN (Referring Provider Use on first iteration of this loop. Use if loop is used only once.) P3 (Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.)
2330D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330 D	REF		O	ID	3/3	S-3	Other Payer Referring Provider Identification Numbers	
2330D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330D	REF02	127	X	AN	1/30	R	Other Payer Referring Provider Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2330E	LOOP 2330 E					S-1	OTHER PAYER RENDERING PROVIDER INFORMATION	

2330E	NM1		O	ID	3/3	S-10	Rendering Provider Name Information	
2330E	NM101	98	M	ID	2/3	R	Entity Identifier Code	82(Rendering Provider)
2330E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330E	REF		O	ID	3/3	S-3	Other Payer Rendering Provider Secondary Identification Numbers	
2330E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330E	REF02	127	X	AN	1/30	R	Other Payer Rendering Provider Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2400 LINE COUNTER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	LOOP 2400					R-50	LINE COUNTER	
2400	LX		O	ID	2/2	R-1	Service Line Assigned Number	
2400	LX01	554	M	NO	1/6	R	Assigned Number	The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Resets back to 1 with each new claim (CLM).
2400	SV3		O		3 / 3	R-1	Dental Service	
2400	SV301	C003	M			R	Composite Medical Procedure Identifier	
2400	SV301-1	235	M	ID	2/2	R	Product or Service ID Qualifier	AD(American Dental Association Codes CDT = Current Dental Terminology)
2400	SV301-2	234	M	AN	1/48	R	Procedure Code	
2400	SV301-3	1339	O	AN	2/2	S	Procedure Code Modifier	
2400	SV301-4	1339	O	AN	2/2	S	Procedure Code Modifier	
2400	SV301-5	1339	O	AN	2/2	S	Procedure Code Modifier	
2400	SV301-6	1339	O	AN	2/2	S	Procedure Code Modifier	
2400	SV301-7	352	O	AN	1/80	N/U	Description	
2400	SV302	782	O	R	1/18	R	Line Item Charge Amount	
2400	SV303	1331	O	AN	1 / 2	S	Facility Type Code	
2400	SV304	C006	O			S	Oral Cavity Designation	
2400	SV304-1	1361	M	ID	1/3	R	Oral Cavity Designation Code	
2400	SV304-2	1361	O	ID	1/3	S	Oral Cavity Designation Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	SV304-3	1361	O	ID	1/3	S	Oral Cavity Designation Code	
2400	SV304-4	1361	O	ID	1/3	S	Oral Cavity Designation Code	
2400	SV304-5	1361	O	ID	1/3	S	Oral Cavity Designation Code	
2400	SV305	1358	O	ID	1 / 1	S	Prosthesis, Crown, or Inlay Code	I(Initial Placement), R(Replacement)
2400	SV306	380	O	R	1/15	R	Procedure Count	
2400	SV307-SV311					N/U		
2400	TOO		O		3/3	S-32	Tooth Information	
2400	TOO01	1270	X	ID	1/3	R	Code List Qualifier Code	JP (National Standard Tooth Numbering System)
2400	TOO02	1271	X	AN	1/30	S	Tooth Code	
2400	TOO03	COO5	O			S	Tooth Surface	
2400	TOO03-1	1369	M	ID	1 / 2	R	Tooth Surface Code	
2400	TOO03-2	1369	M	ID	1 / 2	S	Tooth Surface Code	
2400	TOO03-3	1369	M	ID	1 / 2	S	Tooth Surface Code	
2400	TOO03-4	1369	M	ID	1 / 2	S	Tooth Surface Code	
2400	TOO03-5	1369	M	ID	1 / 2	S	Tooth Surface Code	
2400	DTP		O	ID	3/3	S-1	Date Service	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	472 (Service)
2400	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	DTP03	1251	M	AN	1/35	R	Service Date	
2400	DTP		O	ID	3/3	S-1	Date – Prior Placement	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	441(Prior Placement)
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2400	DTP03	1251	M	AN	1/35	R	Prior Placement Date	
2400	DTP		O	ID	3/3	S-1	Date – Appliance Date	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	452(Appliance Placement)
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2400	DTP03	1251	M	AN	1/35	R	Orthodontic Banding Date	
2400	DTP		O	ID	3/3	S-1	Date – Replacement	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	446(Appliance Placement)
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2400	DTP03	1251	M	AN	1/35	R	Replacement Date	
2400	QTY		O	ID	3/3	S-5	Anesthesia Quantity	
2400	QTY01	673	M	ID	2/2	R	Quantity Qualifier	Verify Hipaa implementation guide for code list
2400	QTY02	380	X	R	1/15	R	Anesthesia Unit Count	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	REF		O	ID	3/3	S-1	Service Predetermination Identification	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	G3 (Predetermination of Benefits Identification Number)
2400	REF02	127	X	AN	1/30	R	Predetermination of Benefits Identifier	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-2	Prior Authorization or Referral Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	9F(Referral Number),G1 (Prior Authorization Number)
2400	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-1	Line Item Control Number	Only some receivers will be passed this information.
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	6R(Provider Control Number)
2400	REF02	127	X	AN	1/30	R	Line Item Control Number	Use this reference number as qualified by the preceding data element (REF01).
2400	AMT		O		3/3	S-1	Approved Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	AAE (Approved Amount)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	AMT02	782	M	R	1/18	R	Approved Amount	
2400	AMT		O		3/3	S-1	Sales Tax Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	T(Tax)
2400	AMT02	782	M	R	1/18	R	Approved Amount	Sales Tax Amount
2400	NTE		O	ID	3/3	S-1	Line Note	
2400	NTE01	363	O	ID	3/3	R	Note Reference Code	ADD (Additional Information)
2400	NTE02	352	M	AN	1/80	R	Claim Note Text	

LOOP ID - 2420A RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420A	LOOP 2420 A					S-1	RENDERING PROVIDER INFORMATION	
2420A	NM1		O	ID	3/3	S-1	Rendering Provider Name Information	
2420A	NM101	98	M	ID	2/3	R	Entity Identifier Code	82(Rendering Provider)
2420A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2420A	NM103	1035	O	AN	1/35	R	Rendering Provider Last or Organization Name	
2420A	NM104	1036	O	AN	1/25	S	Rendering Provider First Name	Required if NM102=1 (person).
2420A	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	Required if NM102=1 and the

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								middle name/initial of the person is known.
2420A	NM106					N/U		
2420A	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	Required if NM102=1 (person).
2420A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420A	NM109	67	X	AN	2/80	R	Rendering Provider ID	Use this reference number as qualified by the preceding data element (NM108)
2420A	PRV		O	ID	3/3	S-1	Rendering Provider Specialty Information	
2420A	PRV01	1221	M	ID	1/3	R	Provider Code	PE (Performing)
2420A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2420A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2420A	REF		O	ID	3/3	S-5	Rendering Provider Secondary Identification Numbers	
2420A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420A	REF02	127	X	AN	1/30	R	Rendering Provider Secondary Identifier	Use this reference number as qualified by

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								the preceding data element (REF01).

LOOP ID – 2420B OTHER PAYER REFERRAL NUMBER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420B	LOOP 2420 B					S-1	Other Payer Referral Number	
2420B	NM1		O	ID	3/3	S-1	Other Payer Name Information	
2420B	NM101	98	M	ID	2/3	R	Entity Identifier Code	PR(Payer)
2420B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2420B	NM103	1035	O	AN	1/35	R	Other Payer Last Name	
2420B	NM104-NM107					N/U		
2420B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420B	NM109	67	X	AN	2/80	R	Other Payer Referral Number	Use this reference number as qualified by the preceding data element (NM108)
2420B	REF		O	ID	3/3	S-2	Other Payer Authorization Or Referral Number	

2420B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F (Referral Number), G1(Prior Authorization Number)
2420B	REF02	127	X	AN	1/30	R	Other Payer Prior Authorization or Referral Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2420C ASSISTANT SURGEON NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420C						S-1	Assistant Surgeon Name	
2420C	NM1		O	ID	3/3	S-10	Individual or Organizational Name	
2420C	NM101	98	M	ID	2/3	R	Entity Identifier Code	DD(Assistant Surgeon)
2420C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2420C	NM103	1035	O	AN	1/35	R	Assistant surgeon Last or Organization Name	
2420C	NM104	1036	O	AN	1/35	S	Assistant Surgeon First Name	Required if NM102=1
2420C	NM105	1037	O	AN	1/25	S	Assistant Surgeon Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2420C	NM106					N/U		
2420C	NM107	1039	O	AN	1/10	S	Assistant Surgeon Name Suffix	Required if NM102=1.

2420C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420C	NM109	67	X	AN	2/80	R	Service Facility Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2420C	PRV		O	ID	3/3	S-1	Assistant Surgeon Specialty Information	
2420C	PRV01	1221	M	ID	1/3	R	Provider Code	AS(Assistant Surgeon)
2420C	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ(Mutually Defined)
2420C	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2420C	REF		O			S-1	Assistance Surgeon Secondary Identification	
2420C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420C	REF02	127	X	AN	1/30	R	Assistant Surgeon Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2430 LINE ADJUDICATION INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	LOOP 2430					S-25	LINE ADJUDICATION INFORMATION	
2430	SVD		O	ID	3/3	S-1	Service Line Adjudication Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	SVD01	67	M	AN	2/80	R	Payer Identifier	This number shown matches NM109 in the Loop ID-2330B Identifying other payer.
2430	SVD02	782	M	R	1/18	R	Service Line Paid Amount	Zero "0" is an acceptable value for this element.
2430	SVD03	C003	O			R	Composite Medical Procedure	Verify Hipaa implementation guide for code list
2430	SVD03-1	235	M	ID	2/2	R	Product or Service ID Qualifier	
2430	SVD03-2	234	M	AN	1/48	R	Procedure Code	
2430	SVD03-3	1339	O	AN	2/2	S	Procedure Modifier 1	
2430	SVD03-4	1339	O	AN	2/2	S	Procedure Modifier 2	
2430	SVD03-5	1339	O	AN	2/2	S	Procedure Modifier 3	
2430	SVD03-6	1339	O	AN	2/2	S	Procedure Modifier 4	
2430	SVD03-7	352	O	AN	1/80	S	Procedure Code Description	
2430	SVD04					N/U		
2430	SVD05	380	O	AN	1/15	R	Paid Service Unit Count	
2430	SVD06	554	O	NO	1/6	S	Bundled Line Number	
2430	CAS		O	ID	3/3	S-99	Line Adjustment	
2430	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation guide for code list
2430	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	CAS03	782	M	R	1/18	R	Adjustment Amount	Sized to 8 bytes.
2430	CAS04	380	O	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS06	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS07	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS09	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS10	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS12	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS13	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS15	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS16	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS18	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS19	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	DTP		O	ID	3 / 3	R-1	Line Adjudication Date	
2430	DTP01	374	M	ID	3/3	R	DTP Qualifier	573 (Date Claim Paid)
2430	DTP02	1250	M	ID	2/3	R	Date	D8 (Date Expressed in Format CCYYMMDD)
2430	DTP03	1251	M	AN	1/35	R	Adjudication or Payment Date	

Level : TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Trailer	TRANSACTION SET TRAILER							
Trailer	SE		M	ID	2 / 2	R-1	Transaction set trailer	
Trailer	SE01	96	M	N0	1/10	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
Trailer	SE02	329	M	AN	4/9	R	Transaction Set Control Number	The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								unique within a functional group (GS-GE) and interchange (ISA-IEA).
Trailer	GE		M	ID	2 / 2	R-1	Functional Group Trailer	
Trailer	GE01	97	M	N0	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
Trailer	GE02	28	M	N0	1/9	R	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Trailer	IEA		M	ID	3 / 3	R-1	Interchange Control Identifier	
Trailer	IEA01	I16	M	N0	1/5	R	Number Of Included	A count of the number

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Functional Groups	of functional groups included in an interchange
Trailer	IEA02	I12	M	N0	9/9	R	Interchange Control Number	A control number assigned by the interchange sender